

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585,952

FILING DATE

07-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		4				
6		0				
7		0				
8		1				
9		1				
10		2				
11		2				
12		1				
13		1				
14		2				
15		2				
16		1				
17		2				
18			1			
19			1			
20				1		
21				1		
22				1		
23				1		
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25				1		
26				1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	23	←	15	←		←
TOTAL CLAIMS	25		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						